

## 3 to 6 Months



**Yes** **No** Does your baby laugh and babble (say **bababa** or **dadada**)?

**Yes** **No** Does your baby roll from his back to his tummy?

**Yes** **No** Does your baby turn his head to sounds like your voice, radio or TV?

**Yes** **No** Does your baby reach for and hold a toy?

**Yes** **No** Does your baby play with his hands by touching them together?

**Yes** **No** Has your baby seen the doctor at least one time for a well baby check-up since he is three months old?



## 6 to 9 Months



**Yes** **No** Does your baby sit up by herself without falling?

**Yes** **No** Does your baby look for a small toy when she sees you drop it?

**Yes** **No** Is your baby beginning to play peek-a-boo or wave bye after she sees you do it?

**Yes** **No** Has your baby seen the doctor at least one time for a well baby check-up since she was six months old?

## 9 to 12 Months



**Yes** **No** Does your baby look at the right thing when you say words like bottle or ball?

**Yes** **No** Does your baby pull up to standing by holding onto furniture?

**Yes** **No** Does your baby say **Momma** or **Dada** to the right person?

**Yes** **No** Does your baby pick up small things (like a raisin or piece of cereal) using his thumb and one finger?

**Yes** **No** Has your baby seen the doctor at least one time for a well baby check-up since she was nine months old?

## 12 to 15 Months



**Yes** **No** Does your baby point to or ask for things she wants?

**Yes** **No** Does your baby feed herself with her fingers?

**Yes** **No** Does your baby like being the center of attention?

**Yes** **No** Does your baby walk by herself?

**Yes** **No** Has your child seen the doctor for her 12-month well baby check-up?

## 15 to 18 Months

**Yes** **No** Does your baby drink from a cup?

**Yes** **No** Does your baby point to body parts (like nose, eyes, feet) when you name them?

**Yes** **No** Does your baby like to put things in and out of containers?

**Yes** **No** Does your baby say words to tell you what he wants?

**Yes** **No** Does your baby like to look at books and turn pages by himself?

**Yes** **No** Has your baby seen the doctor for his 15-month well baby check-up?

## 18 to 24 Months



**Yes** **No** Has your child begun to put two words together (like **Mama's shoe**, **car go**, **Daddy bye-bye**)?

**Yes** **No** Does your child point to pictures in a book when you name them?

**Yes** **No** Does your child run?

**Yes** **No** Does your child take off her sweater, hat or socks all by herself?

**Yes** **No** Has your child seen the doctor for her 18-month well baby check-up?

## 24 to 30 Months



**Yes** **No** Does your child walk up stairs?

**Yes** **No** Does your child make a straight line with a crayon after you do it?

**Yes** **No** Does your child ask to go to the bathroom?

**Yes** **No** Does your child follow a simple two-step direction (like **“Go to your room and get me a diaper”**)?

**Yes** **No** Does your child put three words together (like **“I want cookie”**)?

**Yes** **No** Has your child seen the doctor for his 24-month check-up?

## 30 to 36 Months



**Yes** **No** Does your child know her first name?

**Yes** **No** Does your child unbutton buttons?

**Yes** **No** Does your child ask questions?

**Yes** **No** Does your child understand the meaning of words like **in**, **out**, **on** and **behind**?

**Yes** **No** Does your child understand **“Bring me one diaper”** or **“Give me one cookie”**?

If you answered “no” to any of these questions, you should talk it over with someone. Remember, all babies grow and develop at their own pace.

If you have questions or concerns, please call First Steps at **1-800-442-0087** to help you get the answers you need.

It could be the most important step you’ll take for your child’s future.

**Kentucky’s Early Intervention Services include:**

- |                            |                      |
|----------------------------|----------------------|
| Service Coordination       | Physical Therapy     |
| Evaluation                 | Transportation       |
| Assessment                 | Assistive Technology |
| Developmental Intervention | Respite              |
| Speech/Language            | Health Services      |
| Nutrition                  | Family Services      |
| IFSP                       | Vision/Hearing       |
| Occupational Therapy       |                      |

**First Steps**  
**State Coordinator**  
**(502) 595-4459**  
**V/TDD (877) 757-4327**  
Cabinet for Health Services  
CCSHCN F-4  
An Equal Opportunity Employer M/F/D



The first few years of your baby’s life are very important. It’s the time when he or she is learning to walk, talk, recognize people and many other things.

Some babies may have trouble developing certain skills. Parents are often the first to notice when their child is not learning or growing like other infants they know.

If you have any concerns about your baby, you can call **1-800-442-0087** to find out who in your area can answer your questions. Remember, too, it’s important for all infants to have “well baby” check-ups by their doctor according to schedule until they are three years old.

Here is a sample list of things babies are usually able to do at different ages.

## Important For All Babies

**Yes** **No** Does your baby always ride in a car seat when riding in a car?

**Yes** **No** Do you have a regular place to go for your baby’s health care (pediatrician, family doctor, public health clinic)?

# Newborn to 3 Months

**Yes** **No** Does your baby smile back at you when you smile and talk to her or gently touch her face?

**Yes** **No** Is your baby making cooing sounds like **oooo** and **aaaa**?

**Yes** **No** Does your baby lift her head and chest when lying on her tummy?

**Yes** **No** Does your baby watch you when you walk across the room?

**Yes** **No** Has your baby seen the doctor at least two times for well baby check-ups?

